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# Congenital Heart Disease

## IMPACT OF A MULTI-DISCIPLINARY HEART FAILURE POST-DISCHARGE MANAGEMENT CLINIC ON MEDICATION ADHERENCE

Poster Contributions
Hall C
Sunday, March 30, 2014, 9:45 a.m.-10:30 a.m.

Session Title: Heart Failure and Cardiomyopathies: Challenge of Acute Decompensated Heart Failure
Abstract Category: 12. Heart Failure and Cardiomyopathies: Clinical
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**Background:** Specialized clinics have been associated with improved medication adherence to evidence-based heart failure (HF) therapies. We evaluated a structured multi-disciplinary HF clinic focused specifically on those recently discharged after a HF hospitalization. In addition to reducing readmissions, one of the clinic's goals was to improve medication adherence, which is critical to obtaining benefit from prescribed guideline therapies.

**Methods:** In this retrospective cohort study, patients discharged with a primary HF diagnosis who attended the HF post-discharge clinic in 2010-12 were compared with historical controls from 2009. Within an average of 6 clinic visits, patients were seen by a physician assistant, a clinical pharmacist and a nurse educator, with care overseen by an attending cardiologist. The main outcome was adherence to evidence-based HF therapies within 90 days of discharge, assessed by proportion of days covered (PDC-90), which was defined as the ratio of total days' supply of medication divided by total days prescribed, within 90 days of discharge and proportion of patients with PDC-90≥0.80.

**Results:** Among 277 patients (144 clinic/133 control), 11 patients were excluded due to lack of medication record. There was no difference between groups in HF medication prescribing within 90 days post-discharge, except for angiotensin-receptor blockers (11.2% vs 21.5% , p=0.01). Both univariate and multivariate analysis showed the clinic improved medication adherence, with the most significant increase in adherence to ACE inhibitors (PDC-90: 0.84 vs 0.93, p=0.008; PDC-90≥0.80: 69% vs 86.5%, p=0.005;) and aldosterone antagonists (AA, PDC-90: 0.72 vs 0.94, p=0.0002; PDC-90≥0.80: 45.8% vs 84.6%, p=0.001). Adherence to beta-blockers (BB) trended towards the clinic group (PDC-90: 0.85 vs 0.92, p=0.02; PDC-90≥0.80: 72.8% vs 83.1%, p=0.06).

**Conclusions:** The multidisciplinary HF post-discharge clinic was associated with a significant increase in 90-day adherence to ACE inhibitors and AA, with a trend towards increased adherence to BB. Improved medication adherence is critical to obtaining benefit of reduced readmission and mortality from evidence-based HF therapy.